

# False Claims Act Checklist

Provider Name(s) \_\_\_\_\_

Provider ID#s or FEIN# \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

## Materials - Employees

*Provider Use*

*OMS Use*

- |                          |   |                          |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Section of employee handbook  | <input type="checkbox"/> |
| <input type="checkbox"/> | Information from company intranet (private) website   | <input type="checkbox"/> |
| <input type="checkbox"/> | Employee communication materials  | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Employee newsletter <input type="checkbox"/> Intranet <input type="checkbox"/> Other |                          |
| <input type="checkbox"/> | Other (describe below)  |                          |
- \_\_\_\_\_

## Materials - Contractors

*Provider Use*

*OMS Use*

- |                          |                                       |                          |
|--------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | Copy of letter sent to contractors    | <input type="checkbox"/> |
| <input type="checkbox"/> | Contractual provisions for compliance | <input type="checkbox"/> |
| <input type="checkbox"/> | Other (describe below)                |                          |
- \_\_\_\_\_

## Content of materials

Topic	Is the topic covered in materials?		<i>OMS Use</i>
	Employee	Contractor	
False Claims Act (FCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistleblower protections	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Penalties for submitting false claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies and procedures for detecting and preventing fraud, waste and abuse	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Contact information for reporting fraud, waste, and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*OMS Use* Date received

Staff reviewer

